

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 298*

House Bill No. 413

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section to be appropriately designated:

(a) As used in this section:

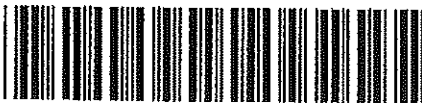
(1) "Continuing medical education" means continued postgraduate medical education required by the board of medical examiners intended to provide medical professionals with knowledge of new developments or reinforcement of previously learned information in their field;

(2) "Maintenance of certification" means any process requiring periodic recertification examinations or other activities to maintain specialty medical board certification;

(3) "Maintenance of licensure" means the proprietary framework for physician license renewal established through the Federation of State Medical Boards or its successor organization, which includes additional periodic testing or requirements other than continuing medical education; and

(4) "Specialty medical board certification" means certification by a board that specializes in one (1) particular area of medicine and typically requires additional examinations other than the board of medical examiners' requirements to practice medicine.

(b) The board shall not deny a physician licensure based on a physician's non-participation in any form of maintenance of licensure, including requiring any form of



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maintenance of licensure tied to maintenance of certification. The board's regular requirements, including continuing medical education, demonstrate professional competency.

(c) The board shall not require any form of specialty medical board recertification or any maintenance of certification to practice medicine in this state.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 9, is amended by adding the following as a new section to be appropriately designated:

(a) As used in this section:

(1) "Continuing medical education" means continued postgraduate medical education required by the board of osteopathic medical examination intended to provide medical professionals with knowledge of new developments or reinforcement of previously learned information in their field;

(2) "Maintenance of certification" means any process requiring periodic recertification examinations or other activities to maintain specialty medical board certification;

(3) "Maintenance of licensure" means the proprietary framework for physician license renewal established through the Federation of State Medical Boards or its successor organization, which includes additional periodic testing or requirements other than continuing medical education; and

(4) "Specialty medical board certification" means certification by a board that specializes in one (1) particular area of medicine and typically requires additional examinations other than the board of osteopathic examination's requirements to practice medicine.

(b) The board shall not deny a physician licensure based on a physician's non-participation in any form of maintenance of licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. The board's regular

requirements, including continuing medical education, demonstrate professional competency.

(c) The board shall not require any form of specialty medical board recertification or any maintenance of certification to practice medicine in this state.

SECTION 3.

(a) There is appointed a task force to study the issues created by the maintenance of certification process for Tennessee physicians.

(b) The chairs of the health committee of the house of representatives and the commerce and labor committee of the senate shall appoint three (3) members each to the task force. The most senior member of the task force shall serve as chair.

(c) Representatives from hospitals, the insurance industry, the physician community, and the American Board of Medical Specialties shall provide information to the task force upon request.

(d) Task force meetings shall be open to the public, with proper notice being provided in advance of the meetings. The public and citizens of this state shall have a reasonable opportunity to be heard.

(e) The task force shall review the overall maintenance of certification process and shall review the use of maintenance of certification by hospitals, insurance companies, and entities that license Tennessee physicians. The task force shall also strategize and make recommendations for improvement of the current process, as well as reviewing alternatives that can be created to replace maintenance of certification, including but not limited to, an expansion of continuing medical education.

(f) The staff for the health committee of the house of representatives and the commerce and labor committee of the senate is authorized to provide support to the task force if requested by the chair of the taskforce.

(g) The task force shall provide a report with recommendations to the health committee of the house of representatives and the commerce and labor committee of the senate by January 15, 2018, at which time it shall cease to exist.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1287

House Bill No. 415*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. The executive director of the commission on aging and disability shall establish within the commission a public guardian working group that shall include representatives of the division of adult protective services of the department of human services, the council on developmental disabilities, the administrative office of the courts, the department of intellectual and developmental disabilities, the area agencies on aging and disabilities, and such other groups as the commission may deem necessary to complete its review. The working group shall examine and explore the current system of public guardians in Tennessee, as established pursuant to Tennessee Code Annotated, Title 34, Chapter 7, along with the system's existing procedures and resources. The working group shall also review the current and potential future caseloads of the program, who has access to the services of a public guardian and who does not, and what, if any, best practices are available from other states that have similar programs. The commission shall report to the general assembly by January 15, 2018, with a report that outlines the information requested to be reviewed by this working group along with recommendations, including statutory changes, designed to make the program more effective and more accessible.

SECTION 2. Tennessee Code Annotated, Section 33-2-1202(b), is amended by deleting the first sentence of the subsection and substituting instead the following:

Each organization shall have a criminal background check completed on any employee or volunteer who will be in a position that involves providing direct contact with or direct responsibility for service recipients. The background check shall be completed



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before allowing the person to have any direct contact with or direct responsibility for service recipients.

SECTION 3. Tennessee Code Annotated, Section 68-11-256, is amended by deleting the section and substituting instead the following:

(a) All nursing homes, as defined in § 68-11-201, and assisted-care living facilities, as defined in § 68-11-201, shall have a criminal background check completed prior to employing any person who will be in a position that involves providing direct care to a resident or patient.

(b) Any person who applies for employment in a position that involves providing direct care to a resident or patient in such a facility shall consent to any of the following:

(1) Provide past work and personal references to be checked by the nursing home or assisted-care living facility;

(2) Agree to the release and use of any and all information and investigative records necessary for the purpose of verifying whether the individual has been convicted of a criminal offense in this state, to either the assisted-care living facility or nursing home, or its agent, or to any agency that contracts with this state, or to any law enforcement agency, or to any other legally authorized entity;

(3) Supply a fingerprint sample and submit to a state criminal history records check to be conducted by the Tennessee bureau of investigation, or a state and federal criminal history records check to be conducted by the Tennessee bureau of investigation and the federal bureau of investigation; or

(4) Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.

(c) A nursing home or an assisted-care living facility shall not disclose criminal background check information obtained under subsection (b) to a person who is not

involved in evaluating a person's employment, except as required or permitted by state or federal law.

(d) Any costs incurred by the Tennessee bureau of investigation, professional background screening organization, law enforcement agency, or other legally authorized entity, in conducting the investigations of applicants may be paid by the nursing home, the assisted-care living facility, or any agency that contracts with this state requesting the investigation and information, or the individual who seeks employment or is employed. Payments of the costs to the Tennessee bureau of investigation are to be made in accordance with §§ 38-6-103 and 38-6-109. The costs of conducting criminal background checks shall be an allowable cost under the state medicaid program, if paid for by the nursing home.

(e) This section shall also apply to any company, organization, or agency that provides or arranges for the supply of direct care staff to any assisted-care living facility or nursing home licensed in this state. The company, organization, or agency shall be responsible for initiating a criminal background check on any person hired by that entity for the purposes of working in a nursing home or assisted-care living facility and shall be required to report the results of the criminal background check to any facility in which the organization arranges for that individual to work upon such a request by a facility.

(f) A nursing home or assisted-care living facility that declines to employ or terminates a person based upon criminal background information provided to the facility under this section shall be immune from suit by or on behalf of that person for the termination of or the refusal to employ that person.

SECTION 4. This act shall take effect July 1, 2017, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 154*

House Bill No. 590

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

by deleting Section 3 in its entirety and substituting the following as a new Section 3:

SECTION 3. Tennessee Code Annotated, Section(63-1-301(8)(D), is amended by deleting the subdivision in its entirety and substituting instead the following:

(D) "Pain management clinic" does not mean a clinic, facility, or office that is wholly owned and operated by a physician multispecialty practice in which one (1) or more board-eligible or board-certified medical specialists who have also completed fellowships in pain medicine or pain management approved by the Accreditation Council for Graduate Medical Education, or who are also board-certified in pain medicine or pain management by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association to perform the pain management services for chronic pain patients;



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Amendment No. _____

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Date _____

Time _____

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Comm. Amdt. _____

AMEND Senate Bill No. 1170

House Bill No. 629*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1.

(a) There is created the state palliative care and quality of life task force.

(b) As used in this section:

(1) "Appropriate" means consistent with:

(A) Applicable legal, health, and professional standards;

(B) A patient's clinical and other circumstances; and

(C) A patient's reasonably known wishes and beliefs;

(2) "Commission" means the Tennessee commission on aging and disability; and

(3) "Palliative care" means an approach that improves the quality of life of patients and their families facing the problems associated with chronic life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Palliative care includes, but is not limited to:

(A) Discussions involving a patient's goals for treatment;

(B) Discussions involving treatment options that are appropriate to the patient, including, where appropriate, hospice care; and

(C) Comprehensive pain and symptom management.

(c) The task force shall consist of the following members:



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- (1) One (1) member of the senate appointed by the speaker of the senate;
 - (2) One (1) member of the house of representatives appointed by the speaker of the house of representatives;
 - (3) One (1) person with interdisciplinary palliative care medical or nursing experience, appointed by the executive director of the commission;
 - (4) One (1) person with experience as a patient and family caregiver, appointed by the executive director of the commission;
 - (5) One (1) person from the department of health with knowledge of palliative care appointed by the commissioner of health;
 - (6) Two (2) healthcare professionals with palliative care work experience and expertise in palliative care delivery models in a variety of inpatient, outpatient, and community settings involving diverse patient populations, appointed by the executive director of the commission;
 - (7) Two (2) hospice palliative medicine nurses certified to practice in this state, appointed by the executive director of the commission;
 - (8) The executive director of the Tennessee commission on aging and disability; and
 - (9) One (1) physician or nurse with expertise in pediatric palliative care, appointed by the executive director of the commission.
- (d) The task force shall:
- (1) Assess the current status of palliative care in this state;
 - (2) Examine the existing barriers, services, and resources addressing the needs of persons who could benefit from palliative care; and
 - (3) Develop recommendations to address problems associated with the availability of palliative care.

(e) The task force shall include an examination of the following in its assessment and recommendations:

(1) Needed state policies or responses, including directions for the provision of clear and coordinated services and support to enhance the delivery of palliative care in this state; and

(2) Legislative remedies for consideration in the 110th general assembly.

(f)

(1) Members of the task force shall serve without compensation or reimbursement for any expenses incurred while participating in the business of the task force.

(2) All legislative members of the task force shall remain members of the task force until the task force reports its findings and recommendations to the general assembly.

(g) The selection of members of the task force shall strive to be inclusive and to reflect the racial, sex, geographic, urban and rural, and economic diversity of the state.

(h) The legislative member with the most seniority in the general assembly shall call the first meeting of the task force at which time the members shall elect a chair and vice chair.

(i) The commission on aging and disability shall provide necessary administrative support for the task force. The chair of the task force may call on appropriate state agencies for reasonable assistance in the work of the task force.

(j) The task force shall hold public meetings and utilize technological means, such as webcasts, to gather feedback on the recommendations from the general public as needed.

(k) The task force shall submit its findings and recommendations to the governor and the general assembly in the form of a report no later than January 15, 2018. On

June 30, 2018, the task force shall terminate and stand dissolved and discharged from any further duties.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 1, is amended by adding the following as a new part 26:

68-1-2601.

There is established a statewide palliative care consumer and professional information and education program, referred to in this part as the "program".

68-1-2602.

The purpose of the program is to maximize the effectiveness of palliative care initiatives in this state by ensuring that comprehensive and accurate information and education about palliative care is available to the public, healthcare providers, and healthcare facilities.

68-1-2603.

The state palliative care and quality of life task force shall publish information about palliative care and available resources relating to such care on its website, including links to external resources about palliative care for the public, healthcare providers, and healthcare facilities. The information and resources shall include, but not be limited to, the following:

- (1) Continuing educational opportunities for healthcare providers;
- (2) Information about palliative care delivery in the home, primary, secondary, and tertiary environments;
- (3) Best practices for palliative care delivery; and
- (4) Consumer educational materials and referral information for palliative care, including hospice.

68-1-2604.

The information and education program established by this part shall terminate on June 30, 2018.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 845

House Bill No. 707*

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

by deleting SECTION 1 and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-6-204(a)(3), is amended by deleting the subdivision and substituting instead the following:

(3) This chapter shall not apply to surgeons of the United States army, navy, air force, or marine hospital service regardless of the hospital or practice site; provided, that the surgeon's practice is part of the surgeon's authorized military service or training. This chapter shall also not apply to any registered physician or surgeon of other states when called in consultation by a registered physician of this state, or to midwives, veterinary surgeons, osteopathic physicians, or chiropractors not giving or using medicine in their practice, or to opticians, optometrists, chiropodists, or Christian Scientists.



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Amendment No. _____

Signature of Sponsor

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Comm. Amdt. _____

AMEND Senate Bill No. 211*

House Bill No. 709

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 8, Chapter 50, Part 1, is amended by adding the following language as a new section:

(a) This section shall be known and may be cited as the "Tennessee Public Safety Behavioral Health Act."

(b) As used in this section:

(1) "Mental health service provider" means a person who:

(A)

(i) Is licensed as:

(a) A professional counselor designated as a mental health service provider under title 63, chapter 22, part 1;

(b) A licensed clinical social worker under title 63, chapter 23;

(c) A psychiatric mental health nurse practitioner under title 63, chapter 7; or

(d) A licensed marital and family therapist under title 63, chapter 22;

(ii) Is in good standing with:

(a) The board for professional counselors, marital and family therapists, and clinical pastoral therapists;

(b) The board of nursing; or



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(c) The board of social worker licensure;

(iii) Has successfully completed education and training in at least one (1) trauma therapy and can provide evidence of successful completion to a public safety employer; and

(iv) Has a minimum of two (2) years of post-licensure work experience working with trauma patients; or

(B) Is licensed in good standing as a:

(i) Physician licensed under title 63, chapter 6 or 9;

(ii) Psychological examiner licensed under § 63-11-201(a)(1);

(iii) Senior psychological examiner licensed under § 63-11-201(a)(2); or

(iv) Psychologist licensed under § 63-11-201(a)(3);

(2) "Post traumatic stress disorder" or "PTSD" has the same meaning as defined in the most recent publication of the Diagnostic and Statistical Manual of Mental Disorders;

(3) "Public safety employee" means any emergency medical worker, or professional fire fighter, who is a paid, full-time employee of a public safety employer;

(4) "Public safety employer" means this state, a local government, or any other political subdivision of this state that employs public safety employees on a full-time basis; and

(5) "Trauma therapy" means, with respect to victims of trauma, at least one (1) of the following evidence-based trauma treatment practices: trauma-focused cognitive behavior therapy, exposure therapy, stress inoculation therapy, and eye movement desensitization reprocessing.

(c) Public safety employers shall:

(1) In addition to any other behavioral or mental health benefits offered, provide not less than ten (10) visits or sessions with a mental health service provider for the purpose of treating PTSD through the employee's health benefits or otherwise. Public safety employers may require a co-pay or co-insurance for these visits that is no more than co-pays or co-insurance for other health benefits offered by the employer;

(2) Promote the use of a mental health service provider and other behavioral health professionals to public safety employees;

(3) Establish, in conjunction with a mental health service provider, support programs in an effort to mitigate behavioral health issues within the public safety employee community; and

(4) Maintain, and regularly provide public safety employees with, at a minimum of once per year, a list of mental health service providers who are qualified to provide trauma therapy under this section.

(d) Public safety employers shall not engage in the retaliatory treatment of public safety employees seeking or utilizing mental health service providers or behavioral health programs, including, but not limited to, discharge, denial of promotions, punitive work assignments, transfers, or other similar retaliatory actions.

(e)

(1) At a minimum of once per year, a mental health service provider providing services to public safety employees shall participate in training, within the jurisdiction in which the public safety employees work, that familiarizes the provider with the unique problems associated with each public safety profession lifestyle, including, but not limited to, critical incident response training, critical incident stress management, field exercises such as ride-alongs and visits to fire and emergency medical services (EMS) stations, and similarly appropriate training.

(2) This subsection (e) does not apply to a mental health service provider described in subdivision (b)(1)(B).

(f) Any benefits offered and provided for by this section shall not apply to workers compensations plans under title 50.

SECTION 2. This act shall take effect July 1, 2017, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 1364

House Bill No. 807*

FILED
Date _____
Time _____
Clerk _____
Comm. Amdl. _____

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1.

(a) There is appointed a task force to study various issues relative to TennCare.

(b) The chairs of the health committee of the house of representatives and the commerce and labor committee of the senate shall appoint three (3) members of the general assembly each to the task force. The member of the task force with the longest tenure in the general assembly shall serve as chair.

(c) Task force meetings shall be open to the public, with proper notice being provided in advance of the meetings. The public and citizens of this state shall have a reasonable opportunity to be heard.

(d) The staff for the health committee of the house of representatives and the commerce and labor committee of the senate is authorized to provide support to the task force if requested by the chair of the taskforce.

(e) The task force shall provide a report with recommendations to the health committee of the house of representatives and the commerce and labor committee of the senate by January 15, 2018, at which time it shall cease to exist.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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Amendment No. _____

Signature of Sponsor

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Date _____

Time _____

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Comm. Amdt. _____

AMEND Senate Bill No. 1227

House Bill No. 901*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 71-5-197, is amended by adding the following as a new subsection (f):

(f)

(1) On and after October 1, 2017, the bureau of TennCare, through a state pharmacy benefit manager or managed care organization, shall:

(A) Monitor the use of prescribed opioids by TennCare enrollees;

(B) Unless otherwise exempt pursuant to subdivision (f)(1)(E), restrict each opioid prescription to no more than a seven-day supply and the least amount of MME dosage appropriate, not to exceed one hundred twenty (120) MME per day;

(C) Unless otherwise exempt pursuant to subdivision (f)(1)(E), require prior authorization for an opioid prescription to an enrollee, for the third weekly opioid prescription during a ninety-day period, whether the prescriptions are issued during consecutive weeks or not;

(D) At the time of prior authorization, require documentation of the pregnancy status for any female enrollee of child bearing age, and if the enrollee is a female of child bearing age, follow existing protocol for opioid prescriptions to pregnant women. The department shall promulgate rules regarding the required documentation required pursuant to this subdivision (f)(1)(D); and



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(E) Develop exemptions from the prior authorization requirements of subdivisions (f)(1)(B) and (f)(1)(C) for enrollees with medical conditions that justify a longer period of use or a higher dosage of opioids.

(2) The bureau of TennCare shall report results, if any, of reducing opioid use of and addiction to opioids by TennCare enrollees through this subsection (f) to the senate health and welfare committee and the health committee of the house of representatives no later than February 1, 2018, and every February 1 thereafter.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 489

House Bill No. 948*

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

by deleting the language "January 1, 2018" in § 63-1-122(e) of the amendatory language of Section 1 and substituting instead the language "January 1, 2020".

AND FURTHER AMEND by deleting subdivisions (e)(3) through (e)(5) from § 63-1-122 of the amendatory language of Section 1 and substituting instead the following:

(3) An alcohol and drug abuse counselor certified under title 68, chapter 24; and

(4) An occupational therapist licensed under chapter 13 of this title.

AND FURTHER AMEND by deleting § 63-1-122(f) of the amendatory language of Section 1 and substituting instead the following:

(f) A professional listed in subsection (e) applying for initial licensure or certification on or after January 1, 2020, is not required to complete the training program required by this section for two (2) years after initial licensure or certification if the professional can demonstrate successful completion of a two-hour academic training program that meets criteria established by the profession's board and that was completed no more than two (2) years prior to the application for initial licensure or certification.



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Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 413*

House Bill No. 952

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by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. This act shall be known and may be cited as the "Visiting Sports Team Act."

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

(a) A physician who is duly qualified to practice medicine under the laws of another state is exempt from the licensure requirements of § 63-6-201, subject to this section, if either of the following applies:

(1) The physician has a written or oral agreement with a sports team to provide care to team members and coaching staff traveling with the team for a specific sporting event to take place in this state; or

(2) The physician has been invited by a national sport governing body to provide services to athletes and coaching staff at a national sport training center in this state or to provide services to athletes and coaching staff at an event or competition in this state that is sanctioned by the national sport governing body.

(b) The exemption provided by this section only applies while:

(1) The physician's practice is limited to that required by the team or the national sport governing body; and

(2) The services provided by the physician are within the physician's scope of practice.



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(c) The exemption provided by subsection (a) permits a physician to provide care or consultation to a person specified in subsection (a). Nothing in this section permits a physician exempt by this section to:

(1) Provide care or consultation to any person residing in this state other than a person specified in subsection (a); or

(2) Practice at a licensed healthcare facility in this state.

(d) An exemption pursuant to subdivision (a)(1) is valid while the physician is traveling with the sports team, subject to the following:

(1) The exemption shall not be longer than ten (10) days in duration for each respective sporting event without prior authorization from the board of medical examiners;

(2) The board of medical examiners may grant an extension of not more than twenty (20) additional days per sporting event; and

(3) No physician shall be exempt for more than thirty (30) total days in a calendar year.

(e) An exemption pursuant to subdivision (a)(2) is valid during the time certified by the national sport governing body; however, no physician shall be exempt for more than thirty (30) total days in a calendar year.

(f) No physician exempt pursuant to this section shall dispense or administer controlled substances unless:

(1) The patient to whom the controlled substance is administered or dispensed is over eighteen (18) years of age and is a person described in subdivision (a)(1) or (a)(2); and

(2) The physician reports all controlled substances dispensed or administered to any applicable state controlled substance database in the physician's state of licensure.

(g) For purposes of this section, "sports team" means a professional, semi-professional, or amateur team including, but not limited to, a college, high school, grade school, or non-school affiliated team, such as those associated with the Amateur Athletic Union (AAU).

(h) The board of medical examiners may enter into agreements with medical licensing boards of other states to implement this section. Agreements may include procedures for reporting potential medical license violations.

(i) The board of medical examiners may promulgate rules to effectuate the purposes of this section. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 3. Tennessee Code Annotated, Title 63, Chapter 9, is amended by adding the following as a new section:

(a) A physician who is duly qualified to practice medicine under the laws of another state is exempt from the licensure requirements of § 63-9-104, subject to this section, if either of the following applies:

(1) The physician has a written or oral agreement with a sports team to provide care to team members and coaching staff traveling with the team for a specific sporting event to take place in this state; or

(2) The physician has been invited by a national sport governing body to provide services to athletes and coaching staff at a national sport training center in this state or to provide services to athletes and coaching staff at an event or competition in this state that is sanctioned by the national sport governing body.

(b) The exemption provided by this section only applies while:

(1) The physician's practice is limited to that required by the team or the national sport governing body; and

(2) The services provided by the physician are within the physician's scope of practice.

(c) The exemption provided by subsection (a) permits a physician to provide care or consultation to a person specified in subsection (a). Nothing in this section permits a physician exempt by this section to:

(1) Provide care or consultation to any person residing in this state other than a person specified in subsection (a); or

(2) Practice at a licensed healthcare facility in this state.

(d) An exemption pursuant to subdivision (a)(1) is valid while the physician is traveling with the sports team, subject to the following:

(1) The exemption shall not be longer than ten (10) days in duration for each respective sporting event without prior authorization from the board of osteopathic examination;

(2) The board of osteopathic examination may grant an extension of not more than twenty (20) additional days per sporting event; and

(3) No physician shall be exempt for more than thirty (30) total days in a calendar year.

(e) An exemption pursuant to subdivision (a)(2) is valid during the time certified by the national sport governing body; however, no physician shall be exempt for more than thirty (30) total days in a calendar year.

(f) No physician exempt pursuant to this section shall dispense or administer controlled substances unless:

(1) The patient to whom the controlled substance is administered or dispensed is over eighteen (18) years of age and is a person described in subdivision (a)(1) or (a)(2); and

(2) The physician reports all controlled substances dispensed or administered to any applicable state controlled substance database in the physician's state of licensure.

(g) For purposes of this section, "sports team" means a professional, semi-professional, or amateur team including, but not limited to, a college, high school, grade school, or non-school affiliated team, such as those associated with the Amateur Athletic Union (AAU).

(h) The board of osteopathic examination may enter into agreements with medical licensing boards of other states to implement this section. Agreements may include procedures for reporting potential medical license violations.

(i) The board of osteopathic examination may promulgate rules to effectuate the purposes of this section. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 4. For the purpose of promulgating rules, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2018, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 1387

House Bill No. 1307*

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

by deleting all language after the caption and substituting the following:

WHEREAS, the General Assembly finds and declares that it is estimated that over thirty-five thousand Tennesseans suffer from lupus, an autoimmune disease in which the body's disease-fighting system attacks healthy tissues and organs, with effects ranging from inflammation, damage to bodily structures, seizures, strokes, heart attacks, miscarriages, and organ failure, to loss of life; and

WHEREAS, although anyone can develop lupus, it strikes mostly women of childbearing age (25-44), with African-American, Hispanic, Asian, and Native American women two to three times more likely than Caucasians to develop lupus; and

WHEREAS, lupus, with symptoms similar to many other illnesses, can be difficult to diagnose, taking an average of six years from onset of symptoms to a confirmed diagnosis; and

WHEREAS, the General Assembly finds and declares that it is in the public interest for this State to improve education and awareness about lupus for healthcare providers and the general public; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1.

(a) There is created the Tennessee Task Force on Lupus Education and Awareness.

(b) The task force shall consist of the following members:

(1) One (1) member of the senate appointed by the speaker of the senate;



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(2) One (1) member of the house of representatives appointed by the speaker of the house of representatives;

(3) The commissioner of health or the commissioner's designee;

(4) The commissioner of commerce and insurance or the commissioner's designee;

(5) The commissioner of finance and administration or the commissioner's designee;

(6) A lupus patient appointed by the speaker of the senate;

(7) A representative of a community organization working to create awareness and provide education about lupus appointed by the speaker of the house of representatives; and

(8) Additional task force members to be appointed by the speaker of the senate or the speaker of the house of representatives, as needed in the determination of each speaker.

(c) The task force shall be convened by the legislative member with the most years of continuous service in the general assembly, and at its first meeting shall elect a chair, vice chair, and other officers the task force deems necessary.

(d) The members of the task force shall serve without compensation or reimbursement for expenses incurred by them in the performance of their duties.

(e) All appropriate state agencies shall provide assistance to the task force upon request of the chair.

(f) The task force shall have the following duties and responsibilities:

(1) Consider the report provided by the Joint Lupus Study Committee created by Chapter 871 of the Public Acts of 2016 of information on lupus endorsed by government agencies, including the National Institutes of Health and the Centers for Disease Control and Prevention;

(2) Investigate the level of education concerning lupus in this state, including, but not limited to, public awareness and education of healthcare providers; and

(3) Develop recommendations for increasing awareness of lupus among the general public and healthcare providers.

(g) The task force shall submit its findings and recommendations to the governor and general assembly in the form of a state plan to increase awareness about lupus no later than January 31, 2018, at which time the task force shall terminate and stand dissolved and discharged from any further duties.

(h) The task force may solicit and accept donations, gifts, grants, property, or matching funds from any public or private source for the use of the council in performing its functions under this act.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 789*

House Bill No. 1370

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following as a new section:

(a) No person shall use or assume the title "registered surgical assistant" unless such person is registered with the board as a registered surgical assistant.

(b) The board shall register as a registered surgical assistant any applicant who presents satisfactory evidence that the applicant:

(1) Holds and maintains a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for Certification of Surgical Assistants or their successors;

(2) Has successfully completed a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or

(3) Has practiced as a surgical assistant at any time in the six (6) months prior to July 1, 2017, provided the applicant registers with the board by December 31, 2019.

(c) The board shall have the authority to deny, restrict, condition, revoke, or otherwise discipline the registration of a surgical assistant for violation of this section, violation of any rules promulgated pursuant to this section, or any basis provided in § 63-6-214.

SECTION 2. This act shall take effect July 1, 2017, the public welfare requiring it.



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